CALIFORNIA MEDICAL ASSOCIATION

NOTICES AND REPORTS

The Cancer Clinic Program*

The questions that most frequently come to the California Division of the American Cancer Society and the Cancer Commission of the California Medical Association relate to some phase of the Cancer Clinic program. The inquiries are for information concerning the organization and financing of new cancer clinics, the kind of service rendered in such clinics and the general policies of their operation. *The California Bulletin of Cancer Control* sets forth five of the most frequent questions and undertakes to answer them.

1. What is the relationship of the Ameican Cancer Society to Cancer Clinics?
2. What is the relationship of the Cancer Commission of the California Medical Association to Cancer Clinics?
3. What are Cancer Clinics?
4. What are the policies for fund allocations to Cancer Clinics?
5. How may the American Cancer Society assist Cancer Clinics in cities where there are two or more such clinics?

1. *What is the relationship of the American Cancer Society to Cancer Clinics?*

The American Cancer Society by its campaign publicity is committed to rendering financial assistance when needed to Cancer Clinics approved by the American College of Surgeons and also "Detection Clinics." Neither the American Cancer Society nor any of its state divisions or county branches will own or operate a Cancer Clinic.

The Cancer Clinic is a function of the medical staff of a general hospital or medical school. In rare instances, the Clinic may be operated by a state or county medical society. It is only Clinics which are operated in this manner that have the approval of the American College of Surgeons.

There are many Cancer Clinics that can improve their service to the patient if they had more secretarial, nursing, or social service personnel. There are Clinics that could expand the work which they are doing if they had additional personnel, instruments, supplies, records or follow-up system. The program of the American Cancer Society includes financial assistance to these Cancer Clinics as may be needed for their maintenance or for increased activity.

There is need and room for new Cancer Clinics in many of the hospitals in California. When and if the staff of a hospital decides to organize a Cancer Clinic, the American Cancer Society will help to supply the funds necessary to open that Clinic and to provide the necessary personnel to keep it operating. A Cancer Clinic in any hospital is optional with the staff of the hospital. While the American Cancer Society may encourage a hospital to organize such a Clinic, the province of the American Cancer Society is to help finance the project and to supply voluntary workers where needed.

The American Cancer Society will also help to finance Cancer Detection Centers. As recognized by the California Medical Association, the Cancer Detection Center is operated by a medical school, an approved hospital, or a county medical society. These Centers cannot be self-supporting in their initial years and do the work that is expected of them. As far as possible, the California Division of the American Cancer Society will supply funds toward their operation and maintenance. Members of the county branches can be very helpful in acting as volunteer workers in these Centers when they are established.

The relation of the California Division and county branches of the American Cancer Society to Cancer Clinics is that of giving encouragement, moral support and financial aid for their maintenance and of supplying voluntary workers if needed.

2. *What is the relationship of the Cancer Commission of the California Medical Association to Cancer Clinics?*

The Cancer Commission and the County Cancer Committees of the California Medical Association act only in an advisory capacity. Each cancer clinic is autonomous and operated by the staff of the hospital. The formation of a cancer clinic is optional with the hospital medical staff.

The members of the Cancer Commission and its Executive Medical Director will encourage the formation of Cancer Clinics and will be glad to visit and advise in the establishment and operation of Cancer Clinics when invited to do so.

In order to justify the expenditure of public funds, it seems necessary that Clinics requesting such funds should meet a minimum standard. The Cancer Commission has set up minimum standards for Cancer Clinics to guide in the formation of new Clinics and as a basis of approval for financing by the American Cancer Society. Similar standards for "Detection Clinics" have been adopted by the California Medical Association as

* Reprinted from the California Bulletin of Cancer Control.

a basis of approval for Cancer Detection Centers in this state.

3. *What are Cancer Clinics?*

The American Cancer Society recognizes four different types of organized cancer work:

1. The Cancer Information Center.
2. The Cancer Detection Center (or Detection Clinic.)
3. The Cancer Clinic in a general hospital.
4. The Cancer Hospital.

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1. *Cancer Information Center.* The Cancer Information Center will ordinarily be the office of a county branch of the American Cancer Society in larger cities. In smaller communities, it may be the residence telephone of one of the officers of a county branch of the Society. The purpose of the Center is to be a clearing house for lay education in cancer. Persons applying to this Center for advice will be referred to physicians or clinics as directed by the policy of the local county medical society. This will be described in a later bulletin.

2. *Cancer Detection Center.* Many other names have been proposed for this activity such as Cancer Prevention Clinic or Cancer Detection Clinic, but the present designation of the American Cancer Society is the one given above.

The Cancer Detection Center is operated in a hospital or medical school, or as an Out-Patient Department of a hospital or medical school. A Detection Center may be operated by a County Medical Society. The purpose of the Detection Center is to examine presumably well persons who have not sufficient symptoms to send them to a physician in order to discover or eliminate early cancer or other chronic diseases.

The procedure in the Center consists of a complete physical examination by physicians in the Center and certain laboratory tests. This is purely a screening examination to discover early cancer before it causes symptoms. If abnormalities are found the patient is referred to his own private physician with a report of the findings. If the patient has no physician, he is referred to a physician or clinic as directed by the county medical society.

Note: In his own private practice every physician's office can be or can function as an Information Center; many physicians' offices can function as Detection Centers.

3. *Cancer Clinic in a General Hospital.* The Cancer Clinic or Tumor Clinic is an organized department of a hospital staff which meets regularly to examine cancer patients and to consider their diagnosis and management. The term "cancer patient" refers here to any patient having or suspected of having malignant disease. To more accurately describe this service in private hospitals, the Cancer Commission designates such clinics as Cancer Consultation Clinics. The group of doctors that conducts such a Clinic is designated as a Tumor Board.

The Tumor Board consists of one or more surgeons, gynecologists, pathologists, radiologists, internists, and consultants from the other specialties dealing with cancer. Each patient coming to the Clinic is examined by members of the Board and the case is presented to the entire Board for discussion. Thus each patient has the benefit of the combined judgment and experience of the group of doctors interested in cancer. After being presented to the Board, each patient is returned to the referring physician with a report of the findings and recommendations for treatment.

The Cancer Consultation Clinic thus offers to all the doctors in the community an opportunity to obtain a group consultation on their cancer patients to facilitate early diagnosis and determine the indications for treatment.

In most cases, the Cancer Consultation Clinic will only accept patients referred by a private physician. A variation from this procedure will be recognized only if approved by the county medical society. The Clinic is open to all referred patients regardless of their financial status. It is the object of the Clinic to extend this consultation service as widely as possible to all physicians in the community, and to their cancer patients. The Cancer Consultation Clinic does not treat cancer patients but seeks to determine the diagnosis and outline the most adequate treatment for each case. In Clinics that accept patients who were not referred by physicians, the patients will be referred to their own physician for treatment if they have one. Patients that do not have a private physician will be referred for treatment to members of the staff of the hospital or to a panel of physicians approved by the County Medical Society.

All members of the hospital staff are urged to attend and participate in the meetings of the Tumor Board. The doctor referring the patient is requested to take part in the discussion. All licensed physicians are welcome to attend these meetings.

Note: The Cancer Clinic and the Cancer Detection Clinic should be conducted as two separate entities. They may be conducted in the same place and with largely the same personnel, but they have an entirely different function, different records and a different bookkeeping system. It will be confusing and inefficient to try to combine these two activities.

4. *Cancer Hospital.* There are no Cancer Hospitals in California. When a Cancer Hospital is established, it should conform to the minimum standards of the American College of Surgeons and it should be operated in close cooperation with the county medical society and a Class A medical school.

4. *What are the Policies for Fund Allocations to Cancer Clinics?*

The California Division of the American Cancer Society will consider requests for funds from established Clinics in order to extend their work or to increase their efficiency, and from new proposed Clinics. Ordinarily, such requests will be for secretarial, nursing, social service, or follow-up workers and for instruments and supplies. Requests would also be considered for special laboratory examinations or x-ray studies on patients who are unable to pay for them. An officer of the Clinic will fill out and present the formal request for funds to the local county branch of the American Cancer Society. When this request is approved by the county executive committee and the county medical society, the request is forwarded to the State Commander of the California Division. The request will be investigated by the executive committee of the California Division and upon approval, funds will be advanced for the project requested.

The California Division is also prepared to help finance Cancer Detection Centers that meet the minimum standards of the California Medical Association. When the formation of such a Detection Center is contemplated, the State Commander should be notified in advance to avoid any misunderstanding as the California Division will hesitate to supply funds to Detection Centers which do not have the promise of permanence and stability or if they will be unable to meet the required minimum standards.

The California Division will not be able to allocate funds to a Cancer Clinic in a tax-supported hospital. These funds should not be used for service to patients who are already provided for by the state law and whose care is a legitimate charge against the city or county tax budget. If the consultation service of the Cancer

Clinic in a county or city hospital is available to non-indigent cases, then the California Division will consider an allotment toward the support of the Clinic.

5. *How May the American Cancer Society Assist Cancer Clinics in Cities Where There Are Two or More Such Clinics?*

In the larger hospital, particularly in teaching centers, the Cancer Consultation Clinic will require full-time assistants. In such locations the California Division will consider requests to finance the necessary additional assistants that are not provided for by other funds. On the other hand, in smaller cities with a single Cancer Clinic having relatively few patients, a single part-time worker may serve in different capacities, e.g., as social worker and nurse. This may be the only assistant that is needed and her salary may be requested from the California Division.

In some of the larger cities where there are two or more Cancer Clinics, all these clinics could be served economically and efficiently by one full-time Cancer Clinic Team attending each clinic in rotation. This team will provide for records, reports and follow-up of all of the clinics on a uniform program. Such a "Cancer Clinic Team" (Secretary, Nurse, Social Worker Team) can be employed with funds from the American Cancer Society and can serve the Clinic in each hospital as a neutral, impartial agency.

Each Cancer Consultation Clinic within a reasonable distance should be invited to participate in this program, but whether or not any individual Clinic would use the services of the Cancer Clinic Team would be optional with that Clinic and the Hospital management. Where such a Cancer Clinic Team is provided, the members of the team would be employed by the county branch of the American Cancer Society after consultation with the Chairman of each Tumor Board which the team serves. The organization of this program and the activities of the Cancer Clinic Team would be subject to continuous approval by the county medical society and the executive committee of the county branch of the American Cancer Society.

It is recommended that the Cancer Clinic Team work out of the office of the county branch of the American Cancer Society. The secretary, accompanied by the nurse and social service worker, would travel from one clinic to another on the appointed days and would be responsible for the following:

Copy for conference, notifications to staff members, recording of recommendations of the Tumor Board, checking and recording all findings and recommendations, transmissions to physicians, maintenance of files, forwarding of microscopic slides of each case to the Tumor Registry and arranging of follow-up for all patients. All the actual stenographic work would be done in the central office and files maintained there for reasons of centralization and statistical study. Complete copies of the records of every patient would be transmitted to the hospital for its Clinic file, to the Tumor Registry files and also to the referring physician. The services of the trained nurse and the social worker might also be available for home visits when they were not participating in the Clinic functions.

Working out of the office of the county branch of the American Cancer Society this "Secretary, Nurse, Social Worker Team" would be available to share the activities of the office and of the Cancer Information Center, meeting callers seeking information and answering telephone calls for medical inquiries. With such a central, unified group, the potentialities for liaison between the public and the medical profession on the cancer problem are great.

Program of Associated Medical Care Plans Expected to Benefit C.P.S.

A broadened medical care service for members of California Physicians' Service and greater inducements for enrollment of employees of large businesses are expected to grow out of a program outlined by Associated Medical Care Plans at its first meeting which was held in Chicago, October 4-5. Benefits to C.P.S. would be concomitant with a strengthening of the position of all medically sponsored plans for prepaid medical care under the A.M.C.P. program.

Set up as a national coordinating agency for approved medical care plans, the organization, following its meeting, announced five immediate objectives:

1. To establish reciprocity agreements among all medically sponsored prepaid medical plans in the United States so that a beneficiary under any of the plans will have access to medical care even in areas outside the one covered by the organization in which he has membership.

2. To set up national enrollment facilities which will assist in the enrollment of large businesses whose employees are scattered throughout the nation.

3. To secure the complete cooperation of every medically sponsored prepayment plan in the United States.

4. To develop a symbol and publicize it so that it will be recognized everywhere by the American people as the symbol of prepayment medical care programs sponsored by the American medical profession.

5. To organize an adequate public relations program on a national level which will aid in rapid development and growth in membership for the prepayment plans.

Frank E. Smith, who had been serving as director of the department of professional relations in Los Angeles for California Physicians' Service, was elected at the October meeting to serve as the first director of Associated Medical Care Plans. He took over that full-time post, with headquarters in Chicago, December 1.

Formation of policies and programs of A.M.C.P. is in the hands of a commission whose members were chosen from among the representatives of 29 medical care plans forming the Association.

In addition to the appointment of Mr. Smith as director, the election of William A. Bowman, executive director of California Physicians' Service, to the vice presidency of the A.M.C.P. commission is looked upon as substantial recognition of the efforts of organized medicine in California in setting up and promoting a plan for voluntary prepaid medical care.

Besides Mr. Bowman, the membership of the commission is Dr. L. Howard Schriver, president of Ohio Medical Indemnity, Inc., president; Jay C. Ketchum, Michigan, secretary; Dr. Norman M. Scott, New Jersey, treasurer; Dr. A. W. Adson, Minnesota; Dr. E. J. McCormick, Ohio; Dr. R. L. Zech, Washington; Dr. E. P. Hayden, Massachusetts; Dr. B. A. Nelson, Kansas; Dr. A. N. Offerman, Nebraska; L. H. Perry, Pennsylvania; and E. M. Kingery, Iowa.

At a meeting of the commission in Omaha, November 13-14, Mr. Smith told the A.M.C.P. governing body that "latest reports indicate that 73 medically sponsored plans are now operating in 33 states."

Health Week Plans

During the first six months of 1947, the California Committee for Voluntary Health Insurance will conduct Voluntary Health Insurance Week campaigns in some of the largest and most important counties in the state.

Health Weeks have been staged in 25 counties to date, and by the end of June, 1947, 19 counties will be added to the total. Campaigns in the remaining 14 counties, smaller or less populous areas, will close out the year.

Lead-off county for 1947 will be Sacramento which has been scheduled for January 20-25 while the Legislature is in session.

Other Health Weeks, dated to coincide with the sales efforts of California Physicians' Service, are as follows:

Kern, February 3-8; Alameda, February 17-22; San Diego, March 3-8; San Joaquin, March 24-29; Tulare, March 31-April 5; San Francisco, April 21-26; Riverside, May 5-10; Santa Clara, May 19-24; Los Angeles, June 2-7.

Campaigns are also planned for Tehama, Glenn, Colusa, Yolo, Sutter, Yuba, Butte, Imperial and Santa Barbara counties during the first six months of 1947. The exact dates will be announced early in 1947.

The California Physicians' Service 100-inch newspaper advertising schedule will be run in every newspaper and will extend over a three-week period in the weeklies and for two weeks in the dailies. Druggist, insurance and dairy tie-in advertising which showed a steady increase during 1946 is expected to produce even more gratifying results next year.

Radio will augment newspaper advertising in Sacramento, San Francisco, Alameda, San Diego and Los Angeles counties. Localized spot announcements and short dramatizations will be carried on many of the radio stations during these Health Week campaigns.

In Sacramento, plans for house-to-house delivery of the California Committee's "Fifth Column" pamphlet along with a California Physicians' Service folder will coincide with radio and newspaper publicity.

Since the Legislature will be in session, the California Committee may also stage an informal dinner in Sacramento for all the members.

In Los Angeles County, Health Week may be lengthened to Health Month. The campaign will probably be localized in each one of the eight medical council districts. This is expected to generate the maximum amount of cooperation and publicity as well as reach into the greatest possible number of businesses and homes.

Local, state and national publicity for voluntary health insurance and for C.P.S. has resulted from endorsements secured by the California Committee and with the teamwork of a number of persons in the medical profession and the organizations concerned.

The National American Legion, the California American Legion, the California State Chamber of Commerce, California-Nevada Kiwanis, the Los Angeles Chamber of Commerce, and the San Francisco Employers Council, to name a few, have gone on record as favoring voluntary health insurance and opposing compulsory legislation. In addition, nearly 50 chambers of commerce have taken similar action within the last four months.

As in the past, the California Committee will emphasize the need for doctor participation in the Health Week campaigns. In speeches before service clubs and in serving as key men in their communities, the physicians themselves can tell the doctors' story better than anyone else. Where physicians have participated, resulting publicity for C.P.S. and for voluntary health insurance has been particularly outstanding.

In Memoriam

Behrens, Charles Bernhardt. Accidentally killed while deer hunting near Cedar City, Utah, October 19, 1946, age 46. Graduate of the College of Medical Evangelists, Loma Linda, 1935. Licensed in California in 1935. Doctor Behrens was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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Carney, Samuel David. Died at Pomona of a cerebral hemorrhage, August 30, 1946, age 68. Graduate of the Jefferson Medical College of Philadelphia, Pennsylvania. Licensed in California in 1944. Doctor Carney was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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Glaser, Mark Albert. Died at Salt Lake City, Utah, November 2, 1946, age 49. Graduate of the University of California Medical School, Berkeley-San Francisco, 1923. Licensed in California in 1923. Doctor Glaser was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

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Gratiot, William Marcy. Died at Pacific Grove of coronary occlusion, May 10, 1946, age 69. Graduate of the Atlanta College of Physicians and Surgeons, Georgia, 1901. Licensed in California in 1921. Doctor Gratiot was a member of the Monterey County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Porter, James Arthur. Died at Visalia, November 2, 1946, age 60. Graduate of Northwestern University Medical School, Chicago, Illinois, 1912. Licensed in California in 1926. Doctor Porter was a member of the Stanislaus County Medical Society, the California Medical Association, and a Fellow of the American Medical Association.

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Saverien, Henry Ludwig. Died at Sacramento of a brain tumor, November 14, 1946, age 41. Graduate of the University of Southern California School of Medicine, Los Angeles, 1934. Licensed in California in 1934. Doctor Saverien was a member of the Sacramento Society for Medical Improvement, the California Medical Association, and a Fellow of the American Medical Association.

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Simms, John Shaffer. Died at Hollywood, September 6, 1946, age 64. Graduate of Rush Medical College, Illinois, 1911. Licensed in California in 1924. Doctor Simms was a retired member of the Los Angeles County Medical Association and the California Medical Association.

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Stewart, Aubon Earl. Died at Los Angeles, August 31, 1946, age 59. Graduate of the University of Manitoba Faculty of Medicine, Winnipeg, 1913. Licensed in California in 1924. Doctor Stewart was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

Council Meeting Minutes

Tentative Draft, Minutes of the 337th Meeting of the Council, California Medical Association

The meeting was called to order by Chairman Edwin L. Bruck, at 9:30 a.m., Sunday, November 10, 1946, at the Biltmore Hotel, Los Angeles.

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1. Roll Call:

Present were President Sam J. McClendon, Speaker E. V. Askey, Vice Speaker L. A. Alesen, Councilors Cherry, MacLean, Shipman, Moody, Thompson, Regan, Johnston, Crane, Henderson, Kneeshaw, Bruck, Kindall, MacDonald and Green, Secretary L. H. Garland and Editor Dwight L. Wilbur.

Absent: President-Elect Cline, Councilor Anderson.

Present by invitation: Legislative Chairman Dwight H. Murray; C. L. Cooley, Secretary of C.P.S.; Edwin T. Remmen, Secretary of Los Angeles County Medical Association; Mr. Clem Whitaker, Public Relations Consultant; Mr. Howard Hassard, Legal Counsel; Mr. W. M. Bowman, Executive Director C.P.S.; Mr. John Hunton, Executive Secretary; Mr. William P. Wheeler, Assistant Executive Secretary; Mr. Frank Smith, Executive Director Associated Medical Care Plans, Inc.; and Executive Secretaries Frank Kihm of San Francisco County, Rollen Waterson of Alameda County, Joseph Donovan of Santa Clara County, and Kenneth Young of San Diego County.

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2. Approval of Minutes:

(a) Minutes of the 336th Council meeting, held September 8, 1946, were approved.

(b) Minutes of the 199th meeting of the Executive Committee, held October 16, 1946, were approved.

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3. Confirmation of Mail Vote:

On motion duly made and seconded, it was voted to confirm a mail vote of the Council approving an agreement reached between the Cancer Commission and the Cancer Prevention Society of Los Angeles.

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4. Membership:

(a) A report of the membership as of November 7, 1946, was received.

(b) On motion duly made and seconded, 24 members whose dues had been received since September 8, 1946, were reinstated to active membership.

(c) On nomination by their county medical societies and on motion duly made and seconded, the following were elected to Retired Membership: G. W. Walker, Fresno County; J. R. Walker, Fresno County; Edward S. Fogg, Kern County; James Farrage, Orange County; Harry E. Zaiser, Orange County; Walter W. Fenton, San Bernardino County; Edward W. Twitchell, San Francisco County; George H. Rohrbacher, San Joaquin County; Charles H. Breuer, Santa Clara County; Arthur H. MacFarlane, Santa Clara County; Louis Mendelsohn, Santa Clara County; Edwin E. Porter, Santa Clara County; Jacob L. Pritchard, Santa Clara County; Charles E. Shepard, Santa Clara County.

(d) On nomination by their county medical society and on motion duly made and seconded, Doctors Dorothy Horstman and Marcus A. Krupp of San Francisco were elected to Associate Membership.

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5. Financial:

(a) Reports of bank balances as of November 7, 1946, of income and expenditures for October and the ten months ended October 31, 1946, and of the balance sheet as of October 31, 1946, were received.

(b) The Executive Secretary suggested that surplus funds be used to purchase U. S. Treasury Bonds. On motion duly made and seconded, it was voted to make such a purchase.

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6. Appointments:

(a) At the request of Doctor Dwight L. Wilbur, Editor, Doctor Walter E. Macpherson of Los Angeles was appointed a member of the Editorial Board of *California Medicine*, representing General Medicine.

(b) On motion duly made and seconded, the following committee was approved for appointment by the Chairman as a C.P.S. Fee Schedule Committee: W. L. Bender of San Francisco, Chairman; Harold P. Totten of Los Angeles, Francis E. Jacobs of San Diego, Frank B. Reardon of Sacramento, Wilbur L. Bailey of Los Angeles, Harry J. Templeton of Oakland, R. G. Frey of Red Bluff, Jesse Carr of San Francisco, Hugh T. Jones of Los Angeles, and Seth W. Sensiba of Santa Monica.

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7. Advisory Planning Committee:

Mr. Hassard reported that the members of this committee had agreed to aid in the following up of compensation collection complaints from members and to publish in their bulletins information on claims procedure.

On C.M.A. legislative proposals, the committee recommended that no effort be made to secure a legal definition of medical indigency; that legislation should be sought to encourage voluntary prepayment medical care plans, and that a postpayment loan plan to provide funds for payment of medical care costs be approved provided loans for physicians' services were excluded.

On public relations, the committee suggested that a committee of the C.M.A. Council be appointed to work with the Advisory Planning Committee in establishing public relations programs in all county medical societies. On motion duly made and seconded, it was voted that Doctors Sam J. McClendon and L. A. Alesen be appointed members of a Professional Relations Committee to act in this manner.

Mr. Hunton reported that the information requested of the Medical Society of the State of California following the September 9 Council meeting had been requested on September 13 and that a mass of material in response to this request had been delivered to him on November 9. The matter was put over to the next Council meeting.

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8. California Physicians' Service:

Doctor C. L. Cooley, C.P.S. Secretary, reported that 57,463 new members had been enrolled during September and October and that the commercial program membership as of November 1, 1946, was 352,726, compared with 170 000 on January 1, 1946. He stated that complaints from physician members had dropped to very small numbers.

On costs, he reported that the average cost per claim had increased to about $24 from the earlier average of about $17. Diagnostic costs are high, with x-ray and radium costs accounting for almost 20 cents of each dollar paid out by C.P.S. for professional services.

Doctor Cooley stated that C.P.S. dues had been in-

creased 25 per cent, that 2,000 of the 5,700 existing membership groups had already been notified of this increase and that practically no complaints had been received. Funds from the increased dues will start accruing on December 1, 1946. He also stated that a waiting period had been established before benefits for hemorrhoidectomies, tonsillectomies, herniotomies and a few other common surgical procedures would be available. The one-year waiting period on these procedures is estimated to reduce C.P.S. costs considerably.

Doctor Cooley stated that more than 10,000 members of the California State Grange had been enrolled under that contract and that the former Farm Security Administration contract was being allowed to expire in order to remove the confusion between the F.S.A. and the Grange arrangements. F.S.A. members are allowed to transfer into the Grange membership group at an added cost of $1.30 per month for a family of three or more persons.

The Veterans' Administration contract is now running at a volume of $250,000 monthly and the maximum volume is expected to be reached in about one year.

Mr. Bowman reported on the formation of Associated Medical Care Plans, Inc., by the American Medical Association, under the control of a commission of nine physicians and four lay administrators. He introduced Mr. Frank Smith, former C.P.S. public relations employee, who has been selected executive director of A.M.C.P.

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9. Public Policy and Legislation:

Doctor Murray reported on the November 5 election, showing that California will now be represented in Congress by 14 Republicans and 9 Democrats, five of the latter being considered conservatives. In the California Legislature, the Senate will have 28 Republicans, 11 Democrats and one vacancy. The Assembly will have 48 Republicans and 32 Democrats.

Mr. Hassard discussed the possible legislative program which had been discussed by C.M.A. officers following a visit to Sacramento. Together with this program he spoke of the comments of the Advisory Planning Committee on the three points under question. These are:

1. Assistance for the indigent.
2. Assistance for voluntary prepayment plans.
3. Assistance for self-employed persons not possibly coverable under points 1 or 2 above.

On point 1, possible legislation lies in a definition of medical indigency, following the definition given in the Goodall vs. Brite court decision. This would permit free choice of physicians in county hospitals and might provide state tax fund assistance to the poorer counties. The Advisory Planning Committee saw dangers in such legislation in lessening the powers of county boards of supervisors and recommended this point be eliminated from the C.M.A. program.

On point 2, there was general agreement that legislation similar to the present Oregon law which permits an employer to sign all his agreeing employees to a prepayment plan would be desirable.

On point 3, the suggestion was made that the state might establish a loan guarantee fund similar to Federal Housing Authority procedure. This fund would permit a borrower to secure up to $2000 for the payment of medical care expenses, would limit the amount of interest to be charged by banks for such loans and would provide for verification of the soundness of the bills incurred. This legislation would require a constitutional amendment. On this point the Advisory Planning Committee felt that such legislation should be encouraged to cover hospital, drug, nursing and other bills but that the physicians' services should not be included for fear the doctors would be accused of attempting to secure a state guarantee of their accounts.

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10. Public Relations:

Mr. Clem Whitaker reported a good majority in the Assembly and a smaller majority in the Senate considered favorable to the idea of voluntary health insurance. He reported on the progress of voluntary health insurance weeks, which so far have covered 25 counties and are scheduled to be held in Sacramento, San Francisco, Alameda and Los Angeles counties by June 30, 1947, as well as in many smaller counties.

He reported on the resolution adopted by the American Legion convention, condemning compulsory health insurance and approving voluntary health insurance. He also reported on a meeting between C.M.A. representatives and officers of the California Parent-Teachers Association, looking toward a more friendly relationship between the two organizations.

Mr. Whitaker stated that his expenditures in 1946 would be $69,000 less than the 1946 budget.

On motion by Crane, seconded by Kneeshaw, a new budget for the first six months of 1947 was unanimously approved.

Doctor Askey suggested that the C.M.A. introduce into the A.M.A. House of Delegates a resolution calling attention to restrictive hospital regulations concerning staff department heads which limit such administrators to board licentiates and tend to make fewer hospital beds available for patients of general practitioners who are not diplomates. On motion by Kneeshaw, seconded by MacLean, it was voted to authorize Doctor Askey to contact the officers of the C.M.A. Section on General Practice and, through the C.M.A. office, county officers of similar sections, with the idea of preparing a resolution for consideration by C.M.A. Delegates to the A.M.A. for introduction into the A.M.A. House of Delegates.

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11. Palo Alto Clinic:

Chairman Shipman of the Executive Committee reported on a meeting between representatives of the Palo Alto Clinic and Santa Clara County Medical Society on October 9, attended by Doctor Shipman and Mr. Hassard at the request of the Council Chairman. This meeting was called to discuss the Palo Alto Clinic contract with Stanford University and Doctor Shipman reported that little progress was made toward changing the previous situation.

Doctor Kneeshaw read a letter from Mr. Alvin C. Eurich of Stanford University and a letter from Doctor Herbert T. Browne of Palo Alto in which Mr. Eurich proposed and Doctor Browne opposed certain changes in the present contract. Doctor Kneeshaw stated this proposal had not been approved by the Council of the Santa Clara County Medical Society but that that Council had asked the C.M.A. Council to determine whether or not such changes would overcome the previous C.M.A. Council determination that the contract was in violation of certain ethical provisions. This proposal was turned over to C.M.A. legal counsel for further study and an opinion. On motion by Kneeshaw, seconded by Henderson, the matter was then referred to the Executive Committee for further action.

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12. 1947 Annual Session:

Doctor Garland as Chairman of the Committee on Scientific Work reported on the plans for the 1947 meeting. Doctor Bruck presented requests for the dermat-

ological and genito-urinary sections requesting guest speakers in their specialties. With three guest speakers allowed each year, one invited by the section on medicine and one by the section on surgery, the third invitation being at the discretion of the Association president, Doctor McClendon signified his willingness to work with the Committee on Scientific Work in the selection of his guest speaker.

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13. Blood Banks:

Doctor Bruck reported on meetings of the committee to study blood banks. The State Board of Health has agreed in these meetings to license blood banks and to supervise the technical aspects of their operations. The American Red Cross is anxious to take over the complete blood bank program. Following Doctor Bruck's suggestion it was moved by McClendon, seconded by MacDonald and voted that the Association establish a Blood Bank Committee to work with the State Board of Health and the physicians of the state in establishing an area blood bank plan.

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14. Time and Place of Next Meeting:

It was moved, seconded and voted that the next Council meeting be held in San Francisco on January 12, 1947.

Adjournment.

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18 MORE VOLUNTARY MEDICAL CARE PLANS GET COUNCIL APPROVAL

Eighteen additional voluntary prepayment medical care plans, sponsored by state and county medical organizations, have been granted the seal of acceptance by the Council on Medical Service of the American Medical Association.

This approval gives the 18 plans, as well as the nine previously approved, the right to use the American Medical Association blue shield emblem on all official papers and on any promotional literature or display material.

More than 80 voluntary plans sponsored by medical organizations are now operating and E. J. McCormick, M.D., Toledo, Ohio, chairman of the Council, said applications for approval had been received from many of them and would be acted upon soon.

The 18 plans approved at a recent meeting of the Council's executive committee are:

Physicians Association of Clackamas County, Oregon City, Oregon; Hospital Service Corporation, Birmingham, Alabama; Florida Medical Service Corporation, Jacksonville; North Idaho Medical Service Bureau, Lewiston; Genesee Valley Medical Care, Rochester, N. Y.; Hospital Saving Association of North Carolina, Chapel Hill; Oklahoma Physicians Service, Tulsa; Coos Bay Hospital Association, Coos Bay, Oregon; Pacific Hospital Association, Eugene, Oregon; Klamath Medical Service Bureau, Klamath Falls, Oregon; Group Medical and Surgical Service, Dallas, Texas; The Dallas County Medical Plan, Dallas, Texas; Surgical Care, Inc., Roanoke, Va.; Medical-Surgical Service, Inc., Fairmont, W. Va.; Medical-Surgical Care, Inc., Parkersburg, W. Va.; the West Virginia Medical Service, Wheeling, and the Hospital Service Association, Oakland, Calif.

The nine plans originally approved are:

California Physicians' Service, San Francisco; Iowa Medical Service, Des Moines; Michigan Medical Service, Detroit; Surgical Care, Inc., Kansas City, Mo.; Nebraska Medical Service, Omaha; Medical-Surgical Plan of New Jersey, Newark; Ohio Medical Indemnity, Inc., Columbus; Medical Surgical Association of Pennsylvania, Harrisburg, and the Oregon Physicians Service, Salem.

At another session, the Insurance Committee of the Council on Medical Service, meeting with representatives of leading insurance organizations in America, created two subcommittees—a committee on cooperation and a committee on rural enrollment. The purpose of the first is to enlist close cooperation among all voluntary groups for rendering health protection while the second subcommittee will study the best means of affording protection offered by the combined voluntary facilities to people in rural areas.

"The people of America can best obtain protection against the hazards of illness through voluntary health insurance plans," said A. W. Adson, M.D., Rochester, Minn., adding: "Through cooperation and understanding among physicians, voluntary medical care and hospital plan executives and insurance representatives can best provide this coverage for the American people without the interference, red tape and government control which would come with compulsory sickness insurance."

Besides Dr. Adson, members of the subcommittee on cooperation are James R. Miller, M.D., Hartford, Conn., a member of the board of trustees of the American Medical Association and Lester Perry, executive director, Medical Service Association of Pennsylvania, Harrisburg. Ex-officio members are Jay C. Ketchum, Detroit, executive vice president of the Michigan Medical Service and advisor to the Council; Frank Dickinson of the A.M.A. Bureau of Medical Economic Research, and Howard Brower, of the A.M.A. Council on Medical Service.

Members of the subcommittee to study voluntary health protection in rural areas are James R. McVay, M.D., Kansas City, Mo.; F. S. Crockett, M.D., Lafayette, Ind., chairman of the A.M.A. Committee on Rural Health, and L. S. Kleinschmidt, of the Council on Medical Service. Mr. Dickinson was appointed as ex-officio member.

Thomas A. Hendricks, Chicago, executive secretary of the Council, said that an invitation would be extended to the Blue Cross Commission of the American Hospital Association and the American Hospital Association itself to be represented on both committees.

Private insurance organizations will also be represented on both subcommittees. These will include representatives from the Health and Accident Underwriters Conference, the American Mutual Alliance, the Life Insurance Association of America and the Association of Casualty and Surety Executives.